

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Health Care Association Political Action Committee

ADDRESS (number and street)

1201 L Street, NW

Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00006080

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report(Q1)July 15  
Quarterly Report(Q2)October 15  
Quarterly Report(Q3)January 31  
Quarterly Report(YE)July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

1 0

1 4

2 0 1 0

through

1 1

2 2

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Leonard Russ

Signature of Treasurer

Electronically Filed by Mr. Leonard Russ

Date

1 2

0 2

2 0 1 0

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 2 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand<br>January 1  | 2010                    | 128897.14                         |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 113586.28               |                                   |
| (c) Total Receipts (from Line 19) .....   | 65429.49                | 884643.63                         |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....      | 179015.77               | 1013540.77                        |
| 7. Total Disbursements (from Line 31) .....   | 69000.00                | 903525.00                         |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                 | 110015.77               | 110015.77                         |
| 9. Debts and Obligations owed TO<br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |
| 10. Debts and Obligations owed BY<br>the committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                   |

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** **OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

To:

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 2 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 45799.95                      | 768064.82                         |
| (ii) Unitemized .....  | 14629.54                      | 84078.81                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 60429.49                      | 852143.63                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 13000.00                          |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 60429.49                      | 865143.63                         |
| 12. Transfers From Affiliated/Other Party Committees .....   | 0.00                          | 0.00                              |
| 13. All Loans Received .....   | 0.00                          | 0.00                              |
| 14. Loan Repayments Received .....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) ..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....           | 5000.00                       | 19500.00                          |
| 17. Other Federal Receipts (Dividends, Interest, etc.) .....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 65429.49                      | 884643.63                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 65429.49                      | 884643.63                         |

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

| II. DISBURSEMENTS  |          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|----------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |          |                               |                                   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |          |                               |                                   |
| (i) Federal Share.....   | 0.00     | 0.00                          |                                   |
| (ii) Non-Federal Share.....  | 0.00     | 0.00                          |                                   |
| (b) Other Federal Operating Expenditures.....  | 0.00     | 0.00                          |                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤                        | 0.00     | 0.00                          |                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00     | 0.00                          |                                   |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 69000.00 | 901050.00                     |                                   |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00     | 0.00                          |                                   |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00     | 0.00                          |                                   |
| 26. Loan Repayments Made.....  | 0.00     | 0.00                          |                                   |
| 27. Loans Made.....  | 0.00     | 0.00                          |                                   |
| 28. Refunds of Contributions To:   |          |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00     | 2475.00                       |                                   |
| (b) Political Party Committees .....   | 0.00     | 0.00                          |                                   |
| (c) Other Political Committees (such as PACs) .....  | 0.00     | 0.00                          |                                   |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00     | 2475.00                       |                                   |
| 29. Other Disbursements.....   | 0.00     | 0.00                          |                                   |
| 30. Federal Election Activity (2 U.S.C 431(20))  |          |                               |                                   |
| (a) Shared Federal Election Activity (from Schedule H6)  |          |                               |                                   |
| (i) Federal Share .....  | 0.00     | 0.00                          |                                   |
| (ii) "Levin" Share .....   | 0.00     | 0.00                          |                                   |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00     | 0.00                          |                                   |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....              | 0.00     | 0.00                          |                                   |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..       | 69000.00 | 903525.00                     |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 69000.00 | 903525.00                     |                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 60429.49                      | 865143.63                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 2475.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 60429.49                      | 862668.63                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 0.00                          | 0.00                              |

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Coral Teresa Andrews

Mailing Address 932 Ward Ave  
Ste 430

City State Zip Code  
Honolulu HI 96814-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Association of Haw-  
aii

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136616

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dirk Anjewierden

Mailing Address 2180 So. 1300 E

City State Zip Code  
Salt Lake City UT 84106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Utah Health Care Assn.

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: C1136674

Amount of Each Receipt this Period

206.25

**C.**

Full Name (Last, First, Middle Initial)

Cecil Barcelo

Mailing Address 411 Alabama Ave

City State Zip Code  
League City TX 77573-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baywind Village

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: C1145407

Amount of Each Receipt this Period

282.50

**SUBTOTAL** of Receipts This Page (optional) .....

588.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 2212 Hidden Valley Ln

City

Silver Spring

State

MD

Zip Code

20904-5240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Director, Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136649

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Lyn Bentley

Mailing Address 2212 Hidden Valley Ln

City

Silver Spring

State

MD

Zip Code

20904-5240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Director, Regulatory

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: C1136758

Amount of Each Receipt this Period

20.00

**C.**

Full Name (Last, First, Middle Initial)

Jim Birchem

Mailing Address 920 4th Street, SE

City

Little Falls

State

MN

Zip Code

56345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eldercare of Minnesota

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: C1132307

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

140.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 / 67

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth Blankenship

Mailing Address PO Box 1017

City

Heber Springs

State

AR

Zip Code

72543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southridge Village Retirement Center

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: C1133229

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Heath Boddy

Mailing Address 15717 East Aspen Road

City

Adams

State

NE

Zip Code

68301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nebraska Health Care Association

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136420

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Lane Bowen

Mailing Address 680 South Fourth Street

City

Louisville

State

KY

Zip Code

40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare

Occupation  
EVP & President, Health Services Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1131680

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 / 67

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Greg H. Brown

Mailing Address 155 West Point Court

City

Tonka Bay

State

MN

Zip Code

55331

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenire Care, LLC

Occupation

President & CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1133950

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Douglas Burr

Mailing Address 1185 Wilde Run Court

City

Roswell

State

GA

Zip Code

30075

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cypress Administrative Se-  
rvices, LLC

Occupation

VP Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2775.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136445

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Karen H. Chadderton

Mailing Address 4 Wagon Road

City

Enfield

State

CT

Zip Code

06082-5639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Health Rehabili-  
tation

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1131602

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gregory Chambery

Mailing Address 7 Sweets View Drive

City

Fairport

State

NY

Zip Code

14450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maplewood Nursing Home

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136414

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Donna Childress

Mailing Address 1401 West Capitol Avenue

City

Little Rock

State

AR

Zip Code

72201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arkansas Health Care Asso-  
ciation

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: C1133225

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Stuart Clay

Mailing Address 86 Kimberly Drive

City

Columbus

State

MS

Zip Code

39702-8360

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windsor Place Nursing &  
Rehab Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136412

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Tom Coble

Mailing Address 1908 12th Avenue NW  
Suite E

City State Zip Code  
Ardmore OK 73401

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Elmbrook Management Compa-  
ny

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: C1132306

Amount of Each Receipt this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Cliff Coldren

Mailing Address 1950 Cliffside Drive

City State Zip Code  
State College PA 16801-7662

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Brookline Village

Occupation  
Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136575

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

William Council, III

Mailing Address 1621 Galleria Boulevard

City State Zip Code  
Brentwood TN 37027

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Advocat

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1132118

Amount of Each Receipt this Period

4000.00

**SUBTOTAL** of Receipts This Page (optional) .....

9100.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 67

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Vickie Cox, RN

Mailing Address 1203 Walker Road

City

Dover

State

DE

Zip Code

19904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heritage at Dover

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Transaction ID: C1130700

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Greg Crist

Mailing Address 5103 Gardner Drive

City

Alexandria

State

VA

Zip Code

22304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Transaction ID: C1130904

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Greg Crist

Mailing Address 5103 Gardner Drive

City

Alexandria

State

VA

Zip Code

22304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Vice President, Public Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 8 |   | 2 | 0 | 1 | 0 |

Transaction ID: C1136433

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Patti Cullen

Mailing Address 2104 Palace Ave

City

St. Paul

State

MN

Zip Code

55105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Care Providers of Minneso-  
ta

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130967

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Veronica Damesyn-Sharpe

Mailing Address 102 Oakford Avenue

City

Edgewater

State

MD

Zip Code

21037-4913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DCHCA Association

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1132122

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

David Dangerfield

Mailing Address 255 East 400 South

City

Salt Lake City

State

UT

Zip Code

84111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Avalon Health Care, Inc.

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: C1133949

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jason Delamarter

Mailing Address 15304 NE 179th Cir

City

Brush Prairie

State

WA

Zip Code

98606-7317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Prestige Care

Occupation

VP Business Development

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 0 / 2 0 1 0

Transaction ID: C1131689

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Steven Delaney

Mailing Address 13 Northtown Dr  
Ste 220

City

Jackson

State

MS

Zip Code

39211-3047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Glen Oaks Nursing Center

Occupation

Vice President

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136617

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Joseph DeMattos

Mailing Address 7135 Minstrel Way

City

Columbia

State

MD

Zip Code

21046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Facilities Associa-  
tion of Maryland

Occupation

Executive Director

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 1 0 / 1 9 / 2 0 1 0

Transaction ID: C1133224

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional) .....

875.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph DeMattos

Mailing Address 7135 Minstrel Way

City

Columbia

State

MD

Zip Code

21046

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Facilities Associa-  
tion of Maryland

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130941

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Anthony Durante

Mailing Address 26 North Broadway

City

Schenectady

State

NY

Zip Code

12305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DMN Management Services

Occupation

Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: C1136849

Amount of Each Receipt this Period

625.00

**C.**

Full Name (Last, First, Middle Initial)

Teresa Eytet

Mailing Address 10009 Dallas Ave

City

Takoma Park

State

MD

Zip Code

20901-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Director, Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136651

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

745.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 67

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Teresa Eyet

Mailing Address 10009 Dallas Ave

City

Takoma Park

State

MD

Zip Code

20901-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Director, Education

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 9 |   | 2 | 0 | 1 | 0 |

Transaction ID: C1136759

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Toni Fatone

Mailing Address 100 Ferncliff Dr

City

West Hartfrd

State

CT

Zip Code

06117-1026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TMF Consulting Services

Occupation

Long Term Care Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Transaction ID: C1130944

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Toni Fatone

Mailing Address 100 Ferncliff Dr

City

West Hartfrd

State

CT

Zip Code

06117-1026

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TMF Consulting Services

Occupation

Long Term Care Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 5 |   | 2 | 0 | 1 | 0 |

Transaction ID: C1136615

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

320.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lowell Feldman

Mailing Address 163 West Kingsbridge Road

City

Bronx

State

NY

Zip Code

10463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Terrace Healthcare Center,  
Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136417

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Debra Finneran

Mailing Address 711 Frankfort Road

City

Shelbyville

State

KY

Zip Code

40065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Masonic Home of Shelbyvil-  
le

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1132119

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Scott Fox

Mailing Address 215 Pine Road

City

Sewickley

State

PA

Zip Code

15143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Orchards at Foxcrest

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130951

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 67

(check only one)

|   |                              |                              |                             |                             |                             |                             |                             |                             |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Scott Fox

Mailing Address 215 Pine Road

City

Sewickley

State

PA

Zip Code

15143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Orchards at Foxcrest

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.50

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Transaction ID: C1131599

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Scott Fox

Mailing Address 215 Pine Road

City

Sewickley

State

PA

Zip Code

15143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Orchards at Foxcrest

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

837.50

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Transaction ID: C1132127

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Donald Franco

Mailing Address 5 O'Kill Drive

City

East Haven

State

CT

Zip Code

06513

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paragon Group Inc.

Occupation

SNF Administrator/Owner/President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Transaction ID: C1131594

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Tim Graves

Mailing Address 4214 Medical Parkway  
Suite 300

City State Zip Code  
Austin TX 78756

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Texas Health Care Associa-  
tion

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136426

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mike Greenberg

Mailing Address 633 Route 28

City State Zip Code  
Raritan NJ 08869

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Raritan Health & Extended  
Care

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136438

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Vicki Groff

Mailing Address 11337 Louisiana Cir

City State Zip Code  
Bloomington MN 55438-2827

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811.25

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130698

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Vicki Groff

Mailing Address 11337 Louisiana Cir

City

Bloomington

State

MN

Zip Code

55438-2827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

811.25

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130699

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Reita Hall

Mailing Address PO Box 3667

City

Tupelo

State

MS

Zip Code

38803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Eldercare Services

Occupation

VP, Clinical Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136573

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Greg Hanson

Mailing Address 2900 14th Ave South

City

Grand Forks

State

ND

Zip Code

58201-4042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Memorial Homes

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136612

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bill Hartung

Mailing Address 1210 Massachusetts Avenue, NW  
#407

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Health Care Asso-  
ciation

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136654

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Bill Hartung

Mailing Address 1210 Massachusetts Avenue, NW  
#407

City State Zip Code  
Washington DC 20005

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
American Health Care Asso-  
ciation

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: C1136761

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgcrest Drive

City State Zip Code  
Alexandria VA 22308-1049

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AHCA

Occupation  
Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

984.59

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136574

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

984.59

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136659

Amount of Each Receipt this Period

38.47

**B.**

Full Name (Last, First, Middle Initial)

David Hebert

Mailing Address 7605 Ridgecrest Drive

City

Alexandria

State

VA

Zip Code

22308-1049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Senior Vice President of Advocacy

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

984.59

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: C1136763

Amount of Each Receipt this Period

38.47

**C.**

Full Name (Last, First, Middle Initial)

J David Hightower

Mailing Address 6936 North Lakewood Dr

City

Van Buren

State

AR

Zip Code

72956-8120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hopes Creek Retirement Li-  
ving

Occupation

President/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: C1132311

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

176.94

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Delta Holloway

Mailing Address 1475 N Cole Rd

City

Boise

State

ID

Zip Code

83704-8537

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Western Health Care Corp.

Occupation

Consultant RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1131575

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Stefanie Hubbard

Mailing Address 7 Fox Trot Court

City

Haughton

State

LA

Zip Code

71037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nexion Health

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

422.50

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 1 0

Transaction ID: C1136582

Amount of Each Receipt this Period

111.50

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey N Hyatt

Mailing Address 701 N. 39th Avenue

City

Selah

State

WA

Zip Code

98902

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hyatt Family Facilities

Occupation

SNF AL Owner Operator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130938

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional) .....

511.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 24 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Douglas Johnson

Mailing Address 1501 42nd Street

City

West Des Moines

State

IA

Zip Code

50266-1005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hawkeye Care Centers, Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1131697

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Richard Kase

Mailing Address 5125 Pine Rocklands Avenue

City

Lithia

State

FL

Zip Code

33547

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cypress Healthcare

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1099.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136541

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Kelso

Mailing Address 10331 E Highway 39

City

Huntsville

State

UT

Zip Code

84317-9670

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mission Health Services

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130910

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Cheryl Killian

Mailing Address 3801 Woodside Dr

City

Arlington

State

TX

Zip Code

76016-3030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Legacy Care Centers Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136458

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Bradford Klitsch

Mailing Address 222 W. Aster Lane

City

Megunon

State

WI

Zip Code

53092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Direct Supply

Occupation  
VP Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130878

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Bradford Klitsch

Mailing Address 222 W. Aster Lane

City

Megunon

State

WI

Zip Code

53092

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Direct Supply

Occupation  
VP Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136435

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

225.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jody Knox

Mailing Address 1905 West Pierce Street

City

Carlsbad

State

NM

Zip Code

88220-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakeview Christian Home  
of the Southwe

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1136508

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Jody Knox

Mailing Address 1905 West Pierce Street

City

Carlsbad

State

NM

Zip Code

88220-4025

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lakeview Christian Home  
of the Southwe

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136626

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Center for Assis-  
ted Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.88

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136660

Amount of Each Receipt this Period

39.56

**SUBTOTAL** of Receipts This Page (optional) .....

439.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Kylo

Mailing Address 4621 28th Road South

City

Arlington

State

VA

Zip Code

22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Center for Assis-  
ted Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

909.88

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: C1136764

Amount of Each Receipt this Period

39.56

**B.**

Full Name (Last, First, Middle Initial)

David LaLumia

Mailing Address 12761 South Wacousta Road

City

Eagle

State

MI

Zip Code

48822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Association  
of Michigan

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136621

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Larry Lane

Mailing Address 1616 Stephens Dr

City

Wayne

State

PA

Zip Code

19087-1023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Genesis

Occupation

Sr VP, Regulatory Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1136505

Amount of Each Receipt this Period

550.00

**SUBTOTAL** of Receipts This Page (optional) .....

689.56

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Langevin, Jr.

Mailing Address 4 AAA Drive  
Suite 203

City State Zip Code  
Hamilton NJ 08691

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Care Association  
of New Jersey

Occupation  
State Executive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1132121

Amount of Each Receipt this Period

850.00

**B.**

Full Name (Last, First, Middle Initial)

Paul Liistro

Mailing Address 1 Meadow Brook Court

City State Zip Code  
Westport CT 06880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arbors of Hop Brook, LTD

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130933

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Liistro

Mailing Address 1 Meadow Brook Court

City State Zip Code  
Westport CT 06880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Arbors of Hop Brook, LTD

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136434

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kelli Likes

Mailing Address 580 E. Hospital Dr.

City

Cortez

State

CO

Zip Code

81321-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vista Grande Inn

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1131587

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ruby Jo Lubarsky

Mailing Address 9403 Mill Brook Road

City

Louisville

State

KY

Zip Code

40223

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kentucky Association of  
Health Care Fa

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136563

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Samuel Mahfouz

Mailing Address National Pharmacy  
1301 Wimbledon Boulevard

City

Alexandria

State

LA

Zip Code

71303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136639

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Tod Mahoney

Mailing Address 1019 Brook Arbor Dr

City

Mansfield

State

TX

Zip Code

76063-5445

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cross Timbers Rehab

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130864

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Patrick Martone

Mailing Address 26 North Broadway

City

Schenectady

State

NY

Zip Code

12305-1932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hallmark Nursing Centre  
Inc.

Occupation

Administrator and CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 2 / 2 0 1 0

Transaction ID: C1136850

Amount of Each Receipt this Period

625.00

**C.**

Full Name (Last, First, Middle Initial)

Christian Mason

Mailing Address 15467 Union School Road

City

Woodburn

State

OR

Zip Code

97071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Senior Housing Managemnet  
LLC

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130930

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

825.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christian Mason

Mailing Address 15467 Union School Road

City

Woodburn

State

OR

Zip Code

97071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Senior Housing Managemnet  
LLC

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130931

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Karen McCormack

Mailing Address 455 Reynolds Mill Rd.

City

York

State

PA

Zip Code

17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilmac Corp

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1131597

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Karen McCormack

Mailing Address 455 Reynolds Mill Rd.

City

York

State

PA

Zip Code

17403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilmac Corp

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3050.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136416

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Mendlen

Mailing Address 2151 Calle Poco

City

San Diego

State

CA

Zip Code

92019

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kennon S. Shea & Associat-  
es

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: C1132313

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Arlene Miles

Mailing Address 6061 South Brook Valley

City

Centennial

State

CO

Zip Code

80121-3103

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Colorado Health Care Asso-  
ciation

Occupation  
State Exceutive

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136441

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Julie Mitchell

Mailing Address 618 Crescent Blvd, Suite 203

City

Ridgeland

State

MS

Zip Code

39157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mitchell Day Health Law  
Firm

Occupation  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: C1132492

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Van Moore

Mailing Address 3155 River Rd S

City

Salem

State

OR

Zip Code

97302-9819

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westcare Management, Inc.

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1131592

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Cynthia Klisz Morton

Mailing Address 4609 Overbrook Road

City

Bethesda

State

MD

Zip Code

20816

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NASL

Occupation

EVP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1290.66

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136447

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Steve Mulder

Mailing Address 7300 Del Pardo Street

City

Boca Raton

State

FL

Zip Code

33433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Whitehall Boca

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136538

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 34 / 67

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dennis Murray

Mailing Address 232 W Rockwell Ave

City

Soldotna

State

AK

Zip Code

99669-7411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Heritage Place

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136614

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Rocky Nelson

Mailing Address 28220 Cedar Crk

City

Platte

State

SD

Zip Code

57369-6436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1136506

Amount of Each Receipt this Period

274.00

**C.**

Full Name (Last, First, Middle Initial)

Michael A Newton

Mailing Address 6937 Warfield Avenue

City

Sykesville

State

MD

Zip Code

21784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nexion Health

Occupation

Director of Human Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: C1132493

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

624.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael A Newton

Mailing Address 6937 Warfield Avenue

City

Sykesville

State

MD

Zip Code

21784

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nexion Health

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136419

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Sr. Director of Congressional Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136645

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Sr. Director of Congressional Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136662

Amount of Each Receipt this Period

20.00

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 36 / 67

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Francesca Fierro O'Reilly

Mailing Address 4005 Nellie Custis Dr

City

Arlington

State

VA

Zip Code

22207-5107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Sr. Director of Congressional Affairs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: C1136765

Amount of Each Receipt this Period

20.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Ousley

Mailing Address 101 Bittersweet Drive

City

Richmond

State

KY

Zip Code

40475-8639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PMD Corp

Occupation

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1136503

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Julie Painter

Mailing Address 3614 Connecticut Ave NW  
Apt 22

City

Washington

State

DC

Zip Code

20008-2436

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation

Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.38

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136664

Amount of Each Receipt this Period

11.54

**SUBTOTAL** of Receipts This Page (optional) .....

1031.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 37 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Julie Painter

Mailing Address 3614 Connecticut Ave NW  
Apt 22

City State Zip Code  
Washington DC 20008-2436

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
AHCA

Occupation  
Senior Director of Constituency Affair

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.38

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: C1136766

Amount of Each Receipt this Period

11.54

**B.**

Full Name (Last, First, Middle Initial)

Lassie Pappas

Mailing Address 6937 Warfield Avenue

City State Zip Code  
Sykesville MD 21784

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Nexion Health, Inc.

Occupation  
Director of Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130734

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Parkinson

Mailing Address 10590 S Glenview Ln

City State Zip Code  
Olathe KS 66061-7426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
State of Kansas

Occupation  
Governor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136398

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1111.54

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Shelly Peterson

Mailing Address 6420 Fox Meadow Dr

City

Bismarck

State

ND

Zip Code

58503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Dakota LTC Associat-  
ion

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136631

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Gail Rader

Mailing Address 1503 South Main Street

City

Phillipsburg

State

NJ

Zip Code

08865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Care Perspectives Inc.

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130685

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Rau

Mailing Address 3876 S. Oakbrook Dr.

City

Greenfield

State

WI

Zip Code

53228-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clement Manor Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130697

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Rau

Mailing Address 3876 S. Oakbrook Dr.

City

Greenfield

State

WI

Zip Code

53228-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clement Manor Inc.

Occupation  
CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1131562

Amount of Each Receipt this Period

137.50

**B.**

Full Name (Last, First, Middle Initial)

Stephen Reissman

Mailing Address 5120 W Goldleaf Circle  
Suite 400

City

Los Angeles

State

CA

Zip Code

90056-1297

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Country Villa Health Serv-  
ices

Occupation  
President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 1 0

Transaction ID: C1131545

Amount of Each Receipt this Period

3750.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce Rodgers

Mailing Address 4721 Providence Rd.

City

Pine Bluff

State

AR

Zip Code

71603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peachtree Mena

Occupation  
owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: C1132308

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

3987.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bruce Rodgers

Mailing Address 4721 Providence Rd.

City

Pine Bluff

State

AR

Zip Code

71603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peachtree Mena

Occupation  
owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

720.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1136507

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Rotolo

Mailing Address 529 Pear Orchard  
Suite C

City

Ridgeland

State

MS

Zip Code

39157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harahan Guest House

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1136502

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Robert Rotolo

Mailing Address 529 Pear Orchard  
Suite C

City

Ridgeland

State

MS

Zip Code

39157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harahan Guest House

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136648

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Shelley Sabo

Mailing Address 6360 Tisbury Dr

PAYROLL DEDUCTION

City

Burke

State

VA

Zip Code

22015-4061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NCAL

Occupation

Director Assisted Living

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136669

Amount of Each Receipt this Period

10.00

**B.**

Full Name (Last, First, Middle Initial)

Shelley Sabo

Mailing Address 6360 Tisbury Dr

PAYROLL DEDUCTION

City

Burke

State

VA

Zip Code

22015-4061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NCAL

Occupation

Director Assisted Living

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: C1136769

Amount of Each Receipt this Period

10.00

**C.**

Full Name (Last, First, Middle Initial)

Cathy Schmidt

Mailing Address 2500 Valley View Heights

City

Bismarck

State

ND

Zip Code

58501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley View Heights

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136634

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

220.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark Schryver

Mailing Address 12075 E 45th Ave  
Ste 600

City State Zip Code  
Denver CO 80239-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Schryver Medical

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: C1133226

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Schryver

Mailing Address 12075 E 45th Ave  
Ste 600

City State Zip Code  
Denver CO 80239-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Schryver Medical

Occupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136531

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Linda Sechovec

Mailing Address New Mexico Health Care Association  
2329 Wisconsin Street NE

City State Zip Code  
Albuquerque NM 87110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Mexico Health Care As-  
sociation

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: C1133220

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Linda Sechovec

Mailing Address New Mexico Health Care Association  
2329 Wisconsin Street NE

City State Zip Code  
Albuquerque NM 87110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
New Mexico Health Care As-  
sociation

Occupation  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136641

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Barbara Shepard

Mailing Address 210 Jolie Way

City State Zip Code  
Mena AR 71953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: C1132315

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara Shepard

Mailing Address 210 Jolie Way

City State Zip Code  
Mena AR 71953

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
N/A

Occupation  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1136515

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara Shepard

Mailing Address 210 Jolie Way

City

Mena

State

AR

Zip Code

71953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

751.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136624

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Laurie Shepard

Mailing Address 6429 Earlington Lane

City

Lansing

State

MI

Zip Code

48917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ingham Regional Assisted  
Living

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136421

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Shepard

Mailing Address PO Box 125

City

Mena

State

AR

Zip Code

71953

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shepard Group

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1136516

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City

Fairfax

State

VA

Zip Code

22031-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.38

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136671

Amount of Each Receipt this Period

11.54

**B.**

Full Name (Last, First, Middle Initial)

Jennifer Shimer

Mailing Address 9507 Shelly Krasnow Ln

City

Fairfax

State

VA

Zip Code

22031-4720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AHCA

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.38

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 1 0

Transaction ID: C1136770

Amount of Each Receipt this Period

11.54

**C.**

Full Name (Last, First, Middle Initial)

Carole Smith

Mailing Address 6487 Amarillo Lane

City

Boca Raton

State

FL

Zip Code

33433

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Whitehall Boca Raton

Occupation  
Director of Finance

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

211.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136517

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

123.08

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 67

(check only one)

|   |                              |                              |   |
|---|------------------------------|------------------------------|---|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 2405 I St NW

City

Washington

State

DC

Zip Code

20037-2206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation

Director of Grassroots

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.28

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 5 | / | 2 | 0 | 1 | 0 |

Transaction ID: C1136672

Amount of Each Receipt this Period

19.24

**B.**

Full Name (Last, First, Middle Initial)

Matthew D. Smyth

Mailing Address 2405 I St NW

City

Washington

State

DC

Zip Code

20037-2206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Asso-  
ciation

Occupation

Director of Grassroots

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

442.28

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: C1136771

Amount of Each Receipt this Period

19.24

**C.**

Full Name (Last, First, Middle Initial)

J. Craig Souza

Mailing Address 5109 Bur Oak Cir

City

Raleigh

State

NC

Zip Code

27612-3101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Carolina Health Care  
Facilities

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 1 | 9 | / | 2 | 0 | 1 | 0 |

Transaction ID: C1133223

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

138.48

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Don Sowell

Mailing Address 5902 Ancient Oaks Dr

City

Humble

State

TX

Zip Code

77346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nexion Health

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130949

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Don Sowell

Mailing Address 5902 Ancient Oaks Dr

City

Humble

State

TX

Zip Code

77346

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nexion Health

Occupation

Regional Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136431

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey Steggerda

Mailing Address 6750 Westown Pkwy

City

West Des Moines

State

IA

Zip Code

50266-7726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Health Care Associat-  
ion

Occupation

Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130905

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey Steggerda

Mailing Address 6750 Westown Pkwy

City

West Des Moines

State

IA

Zip Code

50266-7726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iowa Health Care Associat-  
ion

Occupation  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136432

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Martin Stott

Mailing Address PO Box 945

City

Clinton

State

LA

Zip Code

70722-0945

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Diversified Health Care

Occupation  
Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 5 / 2 0 1 0

Transaction ID: C1145406

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Muoi Tran

Mailing Address 204 W Nash St

City

Terrell

State

TX

Zip Code

75160-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Terrell Healthcare Center

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136448

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter Van Runkle

Mailing Address 7460 Tottenham Pl

City

New Albany

State

OH

Zip Code

43054-9443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ohio Health Care Associat-  
ion

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136439

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Jack Vetter

Mailing Address 20220 Harney Street

City

Elkhorn

State

NE

Zip Code

68022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vetter Health Services

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: C1136457

Amount of Each Receipt this Period

1250.00

**C.**

Full Name (Last, First, Middle Initial)

Yrene Waldron

Mailing Address 726 Loveville Road

City

Hockessin

State

DE

Zip Code

19707-1536

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Delaware Health Care Faci-  
lities Associ

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 1 0

Transaction ID: C1136440

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brett Waters

Mailing Address 2416 Mesa St.

City

Idaho Falls

State

ID

Zip Code

83401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Beginnings Community  
Living Home

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130691

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Brett Waters

Mailing Address 2416 Mesa St.

City

Idaho Falls

State

ID

Zip Code

83401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New Beginnings Community  
Living Home

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136609

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Marilyn K. Weber

Mailing Address PO Box 386

City

Wellington

State

OH

Zip Code

44090

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Weber Health Care Center,  
Inc.

Occupation

Superintendent

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136534

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 51 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Wehner

Mailing Address 5155 North High Street

City

Columbus

State

OH

Zip Code

43214

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wesley Glen

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

618.75

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 1 0

Transaction ID: C1140720

Amount of Each Receipt this Period

137.50

**B.**

Full Name (Last, First, Middle Initial)

Andrew S Weisman

Mailing Address 7442 Stonegate Blvd.

City

Parkland

State

FL

Zip Code

33076

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NuVision Management

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 2 / 2 0 1 0

Transaction ID: C1136449

Amount of Each Receipt this Period

1250.00

**C.**

Full Name (Last, First, Middle Initial)

Kristin West Kemper

Mailing Address 10890 Prospect Road

City

Strongsville

State

OH

Zip Code

44149

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kemper Company

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130717

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1587.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 67

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Nile Whitney

Mailing Address 4700 Village Green Drive

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medline Industries

Occupation  
LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: C1132304

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Nile Whitney

Mailing Address 4700 Village Green Drive

City

El Dorado Hills

State

CA

Zip Code

95762

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medline Industries

Occupation  
LTC Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: C1147928

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Cathy Williams

Mailing Address 826 W Desmond Street

City

Winslow

State

AZ

Zip Code

86047-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winslow Campus of Care

Occupation  
COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 0 / 2 0 1 0

Transaction ID: C1130858

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Cathy Williams

Mailing Address 826 W Desmond Street

City

Winslow

State

AZ

Zip Code

86047-2321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Winslow Campus of Care

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 5 / 2 0 1 0

Transaction ID: C1136647

Amount of Each Receipt this Period

1100.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Woolpert

Mailing Address 200 S 13th St  
Ste 205

City

Grover Beach

State

CA

Zip Code

93433-2263

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Compass Health Care

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 1 0

Transaction ID: C1132299

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

6100.00

**TOTAL** This Period (last page this line number only) .....

45799.95

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 67

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☒ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Castle Campaign Fund

Mailing Address PO Box 133

City

Wilmington

State

DE

Zip Code

19899

FEC ID number of contributing  
federal political committee.

**C**

C00254938

Name of Employer

Occupation

Receipt For: 2010

☐

Primary

☒

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 9 / 2 0 1 0

Transaction ID: C1133215

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

5000.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
KINZINGER FOR CONGRESS

Mailing Address PO Box 1050

City State Zip Code  
Bourbonnais IL 60914-7050

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Adam Kinzinger

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: D108436

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)  
KINZINGER FOR CONGRESS

Mailing Address PO Box 1050

City State Zip Code  
Bourbonnais IL 60914-7050

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Adam Kinzinger

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: D108437

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)  
KINZINGER FOR CONGRESS

Mailing Address PO Box 1050

City State Zip Code  
Bourbonnais IL 60914-7050

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Adam Kinzinger

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IL District: 11

Transaction ID: D108438

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BATTLE BORN POLITICAL ACTION COMMITTEE

Mailing Address PO Box 40366  
Suite 300

City Washington State DC Zip Code 20016

Purpose of Disbursement  
Contributions to Federal Committees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D108423

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

QUAYLE FOR CONGRESS

Mailing Address 4247 N 44th St

City Phoenix State AZ Zip Code 85018-4218

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Ben Quayle

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: AZ District: 03

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D108447

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

BILLY LONG FOR CONGRESS

Mailing Address 1675 E Seminole St  
Ste F

City Springfield State MO Zip Code 65804-2454

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Billy Long

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MO District: 07

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D108421

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
**DEBICELLA FOR CONGRESS**

Mailing Address 1 Lazy Brook Rd

City Shelton State CT Zip Code 06484-3460

Purpose of Disbursement  
Contributions to Federal CandidatesCandidate Name  
Dan DebicellaCategory/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: D108872

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 8 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**BENISHEK FOR CONGRESS**

Mailing Address 802 Pentoga Trail

City Crystal Falls State MI Zip Code 49920

Purpose of Disbursement  
Contributions to Federal CandidatesCandidate Name  
Daniel BenishekCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 01

Transaction ID: D108442

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
**Friends of Dennis Ross**

Mailing Address PO Box 7310

City Lakeland State FL Zip Code 33807-7310

Purpose of Disbursement  
Contributions to Federal CandidatesCandidate Name  
Dennis Alan RossCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 12

Transaction ID: D108430

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

DIRIGO PAC

Mailing Address PO Box 1355

City  
Alexandria

State  
VA

Zip Code  
22313

Purpose of Disbursement  
Contributions to Federal Committees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D108690

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

DOC PAC

Mailing Address 337 S. Milledge Avenue Ste. 101

City  
Athens

State  
GA

Zip Code  
30605

Purpose of Disbursement  
Contributions to Federal PACs

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D109097

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

McDowell for Congress

Mailing Address PO Box 913

City  
Sault Sainte Marie

State  
MI

Zip Code  
49783-0913

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Gary McDowell

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 01

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** D108425

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

JOHN S FUND

Mailing Address PO Box 853

City  
EdwardsvilleState  
ILZip Code  
62025Purpose of Disbursement  
Contributions to Federal PACs

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D109096

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 9 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

LONGLEAF PINE PAC

Mailing Address 703 GREEN VALLEY ROAD  
SUITE 201City  
GreensboroState  
NCZip Code  
27408Purpose of Disbursement  
Contributions to Federal PACs

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D109100

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 9 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

STUTZMAN FOR CONGRESS

Mailing Address 250 W 600 N

City  
HoweState  
INZip Code  
46746-9476Purpose of Disbursement  
Contributions to Federal CandidatesCandidate Name  
Marlin StutzmanCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IN District: 03

Transaction ID: D108456

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 0 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

13000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Pompeo for Congress Inc

Mailing Address PO Box 780146

City  
Wichita

State  
KS

Zip Code  
67212

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Michael Pompeo

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KS District: 04

Transaction ID: D108466

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF NAN HAYWORTH

Mailing Address 51 Gleneida Ave

City  
Carmel

State  
NY

Zip Code  
10512-1209

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Nan Hayworth

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 19

Transaction ID: D108439

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

OCPAC

Mailing Address 976 Pacific Avenue

City  
Willows

State  
CA

Zip Code  
95988

Purpose of Disbursement  
Contributions to Federal PACs

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D109099

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Pat Meehan for Congress

Mailing Address PO Box 308

City  
Media

State  
PA

Zip Code  
19063-0308

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Pat Meehan

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 07

**Transaction ID:** D108429

Date of Disbursement

10 / 20 / 2010

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF WEINER

Mailing Address 1 Ascan Avenue #31

City  
Forest Hills

State  
NY

Zip Code  
11375

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Anthony D. Weiner

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 09

**Transaction ID:** D108686

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

BEN CHANDLER FOR CONGRESS

Mailing Address P. O. Box 12678

City  
Lexington

State  
KY

Zip Code  
40508

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Ben Chandler

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: KY District: 06

**Transaction ID:** D108743

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**Full Name (Last, First, Middle Initial)  
BRIGHT FOR CONGRESS.COM

Mailing Address P.O.Box 2106

City State Zip Code  
Montgomery AL 36102Purpose of Disbursement  
Contributions to Federal CandidatesCandidate Name  
Rep. Bobby BrightCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AL District: 02

Transaction ID: D108460

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

|         |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|
| 1000.00 |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|

**B.**Full Name (Last, First, Middle Initial)  
BRALEY FOR CONGRESS

Mailing Address PO Box 390

City State Zip Code  
Waterloo IA 50704Purpose of Disbursement  
Contributions to Federal CandidatesCandidate Name  
Rep. Bruce L. BraleyCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: IA District: 01

Transaction ID: D108461

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

|         |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|
| 1000.00 |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|

**C.**Full Name (Last, First, Middle Initial)  
FRIENDS OF DAN MAFFEI

Mailing Address PO Box 74

City State Zip Code  
Syracuse NY 13214Purpose of Disbursement  
Contributions to Federal CandidatesCandidate Name  
Rep. Dan B. MaffeiCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 25

Transaction ID: D108457

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

|         |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|
| 2000.00 |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

PETERS FOR CONGRESS

Mailing Address PO BOX 226

City  
BLOOMFIELD HILLSState  
MIZip Code  
48303Purpose of Disbursement  
Contributions to Federal CandidatesCandidate Name  
Rep. Gary C. PetersCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 09

Transaction ID: D108427

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

|         |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|
| 1000.00 |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF JIM CLYBURN

Mailing Address Post Office Box 12567

City  
ColumbiaState  
SCZip Code  
29211Purpose of Disbursement  
Contributions to Federal CandidatesCandidate Name  
Rep. James ClyburnCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 06

Transaction ID: D108434

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

|        |  |  |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|--|--|
| 500.00 |  |  |  |  |  |  |  |  |  |
|--------|--|--|--|--|--|--|--|--|--|

**C.**

Full Name (Last, First, Middle Initial)

JIM JORDAN FOR CONGRESS

Mailing Address 1709 State Route 560 South

City  
UrbanaState  
OHZip Code  
43078Purpose of Disbursement  
Contributions to Federal CandidatesCandidate Name  
Rep. Jim JordanCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 04

Transaction ID: D108308

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 1 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

|         |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|
| 2000.00 |  |  |  |  |  |  |  |  |  |
|---------|--|--|--|--|--|--|--|--|--|

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JOHN BOEHNER

Mailing Address 7908-12 Cincinnati Dayton Road

City State Zip Code  
West Chester OH 45069Purpose of Disbursement  
Voided ContributionCandidate Name  
Rep. John A. BoehnerCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 08

Transaction ID: D109615

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 4 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

-2500.00

**B.** Full Name (Last, First, Middle Initial)  
JOHN SPRATT FOR CONGRESS COMMITTEE

Mailing Address POST OFFICE BOX 10986

City State Zip Code  
ROCK HILL SC 29731Purpose of Disbursement  
Voided ContributionCandidate Name  
Rep. John M. Spratt, Jr.Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SC District: 05

Transaction ID: D109614

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 0 | 4 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

-2500.00

**C.** Full Name (Last, First, Middle Initial)  
MIKE ROSS FOR CONGRESS COMMITTEE

Mailing Address PO Box 360

City State Zip Code  
Prescott AR 71857Purpose of Disbursement  
Contributions to Federal CandidatesCandidate Name  
Rep. Mike RossCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: D108424

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 0 | / | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional) .....

-2000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

## **A.** Full Name (Last, First, Middle Initial) **NITA LOWEY FOR CONGRESS**

Mailing Address PO Box 271

City State Zip Code  
 White Plains NY 10605

Purpose of Disbursement  
 Contributions to Federal Candidates

Candidate Name  
 Rep. Nita M. Lowey

Category/  
 Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: NY District: 18

**Transaction ID:** D108685

Date of Disbursement

/   /

Amount of Each Disbursement this Period

## **B.** Full Name (Last, First, Middle Initial) **REPUBLICAN MAJORITY FUND**

Mailing Address PO Box 144  
 Suite 300

City State Zip Code  
 Alexandria VA 22313

Purpose of Disbursement  
 Contributions to Federal PACs

Candidate Name

Category/  
 Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D109095

Date of Disbursement

/   /

Amount of Each Disbursement this Period

## **C.** Full Name (Last, First, Middle Initial) **FRIENDS OF RICH NUGENT**

Mailing Address PO Box 15668

City State Zip Code  
 Brooksville FL 34604-0122

Purpose of Disbursement  
 Contributions to Federal Candidates

Candidate Name  
 Richard Nugent

Category/  
 Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: FL District: 05

**Transaction ID:** D108478

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**4500.00**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 26  |
| <input type="checkbox"/> 27  | <input type="checkbox"/> 28a | <input type="checkbox"/> 28b           | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

ROB WOODALL FOR CONGRESS

Mailing Address PO Box 1871

City  
LawrencevilleState  
GAZip Code  
30046-1871Purpose of Disbursement  
Contributions to Federal CandidatesCandidate Name  
Rob WoodallCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: GA District: 07

Transaction ID: D108445

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

RYAN FRAZIER FOR COLORADO

Mailing Address Po Box 140182

City  
EdgewaterState  
COZip Code  
80214Purpose of Disbursement  
Contributions to Federal CandidatesCandidate Name  
Ryan FrazierCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 07

Transaction ID: D108431

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

RYAN FRAZIER FOR COLORADO

Mailing Address Po Box 140182

City  
EdgewaterState  
COZip Code  
80214Purpose of Disbursement  
Contributions to Federal CandidatesCandidate Name  
Ryan FrazierCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: CO District: 07

Transaction ID: D108432

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 1 | 0 |

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Come Back PAC

Mailing Address PO Box 2485

City  
Springfield

State  
VA

Zip Code  
22152

Purpose of Disbursement  
Contributions to Federal Committees

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D109098

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)

THE BILL KEATING COMMITTEE

Mailing Address PO Box 690353

City  
Quincy

State  
MA

Zip Code  
02269-0353

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
William Keating

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 10

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** D108462

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....